Name in Full

Certificate of Death

New Born Babe Bowers

Died at Town Still Pond County Kent Co MARYLAND

Date 1897 Month Apr. Day 21 Age Y. X M. X D. 2 Native of Kent Co Occupation —

Male ~~Female~~ White ~~Colored~~ ~~Married~~ Single ~~Widow~~ ~~Widower~~ ~~Divorced~~ ~~Number of children living~~

Husband / Wife of —

Father's Name J. C. Bowers Mother's Name Elizabeth Bowers

Cause of Death Primary — Immediate — How long sick 2 days

161

Accident, Suicide, Homicide

Reported by W H Kruser Undertaker

Address Still Pond Md.

OVER

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79706

Attended by Dr. 2 M. Hill

of Still Pond Md

Seen by Coroner.

of

Information contained in this certificate

ceived from J. L. Bowers

of Still Pond

Name in Full | Certificate of Death

Georgie Brown

Died at Town: Near Betterton County: Kent Co MARYLAND

Date 1899 Month: Apr Day: 19 | Age Y.: x M.: 9 D.: 24 | Native of: Md. | Occupation

~~Male~~ ~~White~~ ~~Married~~ ~~Widow~~ ~~Divorced~~

Female Colored Single ~~Widower~~ ~~Number of children living~~

Husband / Wife of ——

Father's Name: Berry Brown | Mother's Name: Mary Brown

Cause of Death: Primary ——— | Immediate: Lagrippe | How long sick: One weeks

9

Accident, Suicide, Homicide

Reported by: W H Kruse Undertaker

Address: Still Pond Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79706

Attended by Dr. M S Maxwell

of Still Pond Md

Seen by Coroner

of

Information contained in this certificate received from Perry Brown

of near Betterton

Md.

Name in Full Bell Butler

Certificate of Death

Town County

Died at Millington Kent MARYLAND

Date 189 9 Month 4 Day 21 | Age Y. 36 M. D. | Native of Maryland | Occupation

~~Male~~ ~~White~~ Married ~~Widow~~ ~~Divorced~~

Female Colored ~~Single~~ ~~Widower~~ Number of children living not known

~~Husband~~ ~~of~~ ~~Wife~~

Father's Name

Mother's Name

Cause of Death: Primary Tuberculosis | How long sick not known

Immediate | Accident, Suicide, Homicide

Reported by Dr W H Jacobs

Address Millington Maryland

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79[illegible]

Attended by Dr._____

of_____

Seen by Coroner_____

of_____

Information contained in this certificate

ceived from_____

of_____

Name in Full

Certificate of Death

Jane Coleman

Died at Town: Piney Neck County: Kent Co MARYLAND

Date 189 9 Month: April Day: 8 | Age Y. 48 M. 8 D. 5 | Native of Md. | Occupation Housewife

~~Male~~ Female | White ~~Colored~~ | Married ~~Single~~ | ~~Widow~~ Widower | ~~Divorced~~ | Number of children living 6

~~Husband~~ Wife of Wm Coleman

Father's Name Henry Ashley | Mother's Name Jane Coleman

Cause of Death: Primary Consumption 22d | How long sick 3 months

Immediate Hemorrhage | ~~Accident, Suicide, Homicide~~

Reported by Dr Allen A. Selby Dr. D.

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 65968

Name in Full

Katie Donley

Certificate of Death

Died at — Town: Rock Hall — County: Kent Co — MARYLAND

Date 1899 — Month Day: April 11 — Age Y. M. D.: 3 — Native of: Kent Co — Occupation: —

~~Male~~ / Female — ~~Color~~ -White — ~~Married~~ / Single — ~~Widow~~ / ~~Widower~~ — Divorced — Number of children living

Husband of / Wife: —

Father's Name: Chas A Donley — Mother's Name: Sarah E Price

Cause of Death — Primary: — — Immediate: Fits — 49 — How long sick: 20

~~Accident, Suicide, Homicide~~

Reported by: Jas E Blackiston

Address: Undertaker — Rock Hall Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Attended by Dr. —

of

Seen by Coroner —

of

Information contained in this certificate re-
ceived from Chas O Donley
of Kent Co Md

Name in Full Harry Faulkner & Faulkner

Certificate of Death

Died at Town Kennedyville County Kent MARYLAND

Date 1899 Month Apr. Day 29 Age Y. 29 M. 3 D. 28 Native of Md. Occupation Engineer

Male ~~Female~~ White ~~Colored~~ Married ~~Single~~ ~~Widow~~ ~~Widower~~ ~~Divorced~~ Number of children living 1

Husband of Wife Maggie Sylvester.

Father's Name Edward Faulkner Mother's Name Margaret Sylvester

Cause of Death Primary

Immediate Pulmonary Phthisis.

How long sick 7 days.

~~Accident~~, ~~Suicide~~, ~~Homicide~~

Reported by J. Horton Kelley, M. D.

Address Kennedyville, Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name In Full Frederick Fountain

Certificate of Death

Died at Town Chestertown County Kent MARYLAND

Date 189 9 Month 4 Day 21 | Age Y. 5 M. D. | Native of | Occupation

Male ~~Female~~ | White Colored | Married ~~Single~~ | ~~Widow~~ ~~Widower~~ | ~~Divorced~~ | Number of children living /

Husband of
Wife

Father's Name Jas. H. Fountain | Mother's Name

Cause of Death: Primary Epilepsy 42 | How long sick

Immediate | Accident, Suicide, Homicide

Reported by American Union 4-5-4

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 73888

Name in Full: Chas Giser

Certificate of Death

Died at — Town: S Mithville — County: Kent — MARYLAND

Date 1899 — Month: Apr — Day: 28 — Age: Y. X M. 2 D. 1 — Native of: Md. — Occupation:

Male — White — ~~Married~~ — ~~Widow~~ — ~~Divorced~~

~~Female~~ — ~~Colored~~ — Single — ~~Widower~~ — Number ~~of children~~ living

Husband / Wife of

Father's Name: Chas O. Giser — Mother's Name: S. Giser

Cause of Death — Primary: Stomach trouble — How long sick: 3 days.

Immediate: 81 — Accident, Suicide, Homicide

Reported by: W H Kruzen Undertaker

Address: Still Pond Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65969

information in this
certificate recd. from
Chas Giser the childs
father.

Name In Full Graves

Certificate of Death

Died at near Town Millington County Kent MARYLAND

Date 189[illegible] Month April Day 15 | Age Y. 12 M. D. | Native of Maryland | Occupation

Male yes White | Married | Widow | Divorced

Female Colored col | Single yes | Widower | Number of children living

Husband of

Wife

Father's Name Henry Graves | Mother's Name

Cause of Death: Primary 97 | How long sick

Immediate Brites | Accident, Suicide, Homicide

Reported by Henry Graves

Address Millington Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 70868

Attended by Dr. Jacobs
of Millington

Seen by Coroner undertaker J. L. Smith
of Millington

formation contained in this certificate re-
ved from Henry Graves
of Millington

Name in Full

Mary E. Legg.

Certificate of Death

Died at Town Rockhall County Kent Co. MARYLAND

Date 1897 Month April Day 26 Age Y. 62 M. 2 D. 12 Native of Md. Occupation Housewife

~~Male~~ White Married ~~Widow~~ ~~Divorced~~

Female ~~Colored~~ ~~Single~~ ~~Widower~~ Number of children living 3

~~Husband~~ of Wife John H. Legg

Father's Name James Hynson Mother's Name Sadie Ashley

Cause of Death Primary Consumption 22a How long sick 30 days

Immediate Exhaustion Accident, Suicide, Homicide

Reported by Walter O. Selby M.D.

Address Rockhall Kent Co.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65268

Name In Full

Mrs. Ella Parr

Certificate of Death

Town

County

Died at Galena Kent MARYLAND

Date 189 9	Month 4	Day 4	Age Y. 66 M. D.	Native of	Occupation

~~Male~~ White Married ~~Widow~~ ~~Divorced~~

Female ~~Colored~~ ~~Single~~ ~~Widower~~ Number of children living

~~Husband~~ of Wife Henry Parr

Father's Name — Conner

Mother's Name

Cause of Death

Primary apoplexy 42

How long sick

Immediate rupture of blood vessel from a fall striking back of head

Accident, Suicide, Homicide

Reported by

~~Address~~ Kent News 4-8

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Name in Full Martha Price

Certificate of Death

Died at Millington County Kent MARYLAND

Date 189 9 Month 4 Day 16 | Age Y. 63 M. D. | Native of Maryland | Occupation Housekeeper

~~Male~~ ~~White~~ ~~Married~~ Widow ~~Divorced~~

Female ~~Colored~~ ~~Single~~ ~~Widower~~ Number of children living 2

Husband of Wife Not Known

Father's Name Not Known Mother's Name Not Known

Cause of Death

Primary Tuberculosis How long sick 1 year

Immediate 22 Accident, Suicide, Homicide

Reported by Dr W H Jacobs

Address Millington Maryland

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 70[illegible]

Attended by Dr._____

of_____

Seen by Coroner_____

of_____

Information contained in this certificate re-

ceived from_____

of_____

Name In Full

Mrs Martha Price

Certificate of Death

Died at Town: Millington County: Kent MARYLAND

Date 189 9 Month: April Day: 16 | Age Y. 73 M. D. | Native of Maryland | Occupation

Male | Female yes | White yes | Colored | Married | Single | Widow yes | Widower | Divorced | Number of children living Two

Husband of

Wife

Father's Name

Mother's Name

Cause of Death — Primary: 22a — How long sick: 12 months

Immediate: Consumption — Accident, Suicide, Homicide

Reported by J Le Smith Undertaker

Address Millington

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 7050R

Attended by Dr. Jacobs

of Millington

Seen by Coroner _____

of _____

Information contained in this certificate received from Family

of _____

Name in Full

J. Ottie Schofield.

Certificate of Death

Died at Town: Still Pond. County: Kent- MARYLAND

Date 1899 Month: 4- Day: 7 | Age Y. 33 M. D. | Native of: Cecil Co, Md. | Occupation: Merchant- Clerk.

Male ~~Female~~ | White ~~Colored~~ | ~~Married~~ Single | ~~Widow~~ Widower | ~~Divorced~~ Number of children living

Husband of
Wife

Father's Name: Capt. J. Schofield.

Mother's Name: Annie McCafferty.

Cause of Death — Primary: Alcoholism. 34

Immediate: Paralysis.

How long sick: 5 hours.

~~Accident, Suicide, Homicide~~

Reported by: William Steele Maxwell. M.D.

Address: Still Pond. Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 85968

Name in Full — Certificate of Death

Chas. Henry Stevens

Died at Town: Rockhall County: Kent Co. — MARYLAND

Date 189 7 — Month: April Day: 18 — Age Y. 48 M. 3 D. 12 — Native of Md. — Occupation Oysterman

Male — ~~Female~~ — White — ~~Colored~~ — Married — ~~Single~~ — ~~Widow~~ Widower — ~~Divorced~~ — Number of children living 2

Husband of ~~Wife~~ Sarah Jane Ashley

Father's Name John Brice Stevens — Mother's Name Mary Coleman

Cause of Death — Primary: Pneumonia 72 — How long sick 21 days

Immediate: Exhaustion

Accident, ~~Suicide, Homicide~~

Reported by Walter O. Selby M.D.

Address Rockhall Kent Co.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name in Full

Certificate of Death

Homer Montgomery Stuart (STUART)

Died at Town Chestertown County Kent MARYLAND

Date 189 Month 4 Day 30 | Age Y. 68 M. 8 D. 9 | Native of Md | Occupation Carpenter

Male ~~Female~~ | White ~~Colored~~ | Married ~~Single~~ | Widow ~~Widower~~ | ~~Divorced~~

Number of children living 2

Husband of Wife Ella Walraven

Father's Name John E Stuart

Mother's Name Elizabeth Rochester

Cause of Death: Primary Arterial Sclerosis 68 How long sick Some years

Immediate Angina Pectoris ~~Accident, Suicide, Homicide~~

Reported by W. Frank Harris MD

Address Chestertown (Md)

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name in Full Sarah Walley

Certificate of Death

Died at Town Coleman County Kent MARYLAND

Date 1899 Month Apr Day 19 Age Y. 5 M. 3 D. 5 Native of Md Occupation —

~~Male~~ ~~White~~ ~~Married~~ ~~Widow~~ ~~Divorced~~

Female Colored Single ~~Widower~~ ~~Number of children living~~

Husband / Wife of —

Father's Name J. A Walley

Mother's Name Mary E. Walley

Cause of Death: Primary Fever. 154 How long sick six weeks

Immediate

Accident, Suicide, Homicide

Reported by W H Kruzen Undertaker

Address Still Pond. Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65868

attended by Dr Maxwell.
Still Pond Md.

Information Received from
J H Malley of Coleman Md.

Name In Full

Certificate of Death

Anne Elizabeth Willson.

Died at Town: Overton County: Kent MARYLAND

Date 1899 Month: April Day: 14th | Age Y. 81 M. D. | Native of Maryland | Occupation —

~~Male~~ / Female | White / ~~Colored~~ | ~~Married~~ / ~~Single~~ / Widow / ~~Widower~~ | ~~Divorced~~ | Number of children living Six

~~Husband~~ / Wife of John C. Willson

Father's Name James Brooke | Mother's Name Mary Anne Hill.

Cause of Death — Primary: Bronchitis 69 | How long sick: Six weeks

Immediate: Exhaustion.

~~Accident~~, ~~Suicide~~, ~~Homicide~~

Reported by C. B. Willson.

Address Edenville Kent Co. Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 70808